

Case Number:	CM15-0163739		
Date Assigned:	08/31/2015	Date of Injury:	11/06/2013
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old male sustained an industrial injury on 11-06-13. He subsequently reported left knee pain. Diagnoses include tear of medial cartilage or meniscus of knee. Treatments to date include x-ray and MRI testing, knee surgery, physical therapy and prescription pain medications. The injured worker has continued complaints of left knee pain post operatively. Upon examination, left knee range of motion is up to 95 degrees. A request for Bilateral cervical facet blocks was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post-Operative Physical Therapy Visits to the Left Knee QTY: 12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition (web), 2007, Knee, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The patient presents with status post left knee arthroscopy (June 2015). The current request is for Post-Operative Physical Therapy Visits to the Left Knee QTY:12. The treating physician states in the report dated 9/4/15, "██████ has been treated an additional 5 times since his progress report written on July 28, 2015. Presently, this patient describes that he continues to experience improvement, although slowly." (8C) The MTUS Guidelines recommended 24 visits over 10 weeks for knee arthroscopies. In this case, the treating physician has not documented how many sessions the patient has completed, only that the patient completed an additional 5 to the first set of sessions. Since there is no evidence the IW has exceeded the allowed allotment of PT, the current request is medically necessary.